

### **Interview Guide Questions for Intervention Development (For patients)**

1. What is the biggest problem you might face after discharge?
2. From your opinion, what might cause relapses after discharge?
3. From your opinion, what might increase suicide risk after discharge?
4. For the problems mentioned, what kind of help do you need?
5. How would you like clinical and community mental health providers to help? Please explain your expectations as well.
6. We are considering implementing follow-ups to reduce suicide risk after discharge, and what kind of follow-up services do you prefer?
7. Brief contact interventions (BCIs) are a series of low cost and non-intrusive interventions to maintain long-term contact with patients, and we plan to use BCIs to deliver the follow-ups patients and their lay health supporters. What content do you prefer or expect from the contacts?
8. What's the appropriate frequency to contact you?
9. Will the BCIs make you more willing to pay regular visits to out-patient clinics? Please explain to us.
10. In general, what is the most important to reduce suicide risk after discharge?
11. Do you feel less connected to others during hospitalization?
12. If you have been hospitalized before, have you experienced any loss of social connectedness after discharge?
13. Are you worried about having less connectedness after discharge now?
14. Under what circumstances would you feel more connected to others?
15. Do you receive any help and support during hospitalization? What are they?
16. If you have been hospitalized before, have you experienced any loss of support after discharge?
17. Are you worried about having less support after discharge now?
18. Under what circumstances would you feel more supported?

### **In-depth/Focus Group Interview Guide Questions for Intervention Development (Lay health supporters)**

1. What is the biggest problem the patient might face after discharge?
2. From your opinion, what might cause their relapses after discharge?
3. From your opinion, what might increase their suicide risk after discharge?
4. For the problems mentioned, what kind of help do you and/or the patient need?
5. How would you like clinical and community mental health providers to help you and the patient? Please explain your expectations as well.
6. We are considering implementing follow-ups to reduce suicide risk after discharge, and what kind of follow-up services do you prefer?
7. Brief contact interventions (BCIs) are a series of low cost and non-intrusive interventions to maintain long-term contact with patients, and we plan to use BCIs to deliver the follow-ups to patients and their lay health supporters. What content do you prefer or expect from the contacts?
8. What's the appropriate frequency to contact you or the patient?
9. Will the BCIs make the patient more willing to pay regular visits to out-patient clinics?  
Please explain to us.
10. In general, what is the most important to reduce suicide risk after discharge?
11. Do you feel the patient is less connected to others during hospitalization?
12. If the patient has been hospitalized before, did he or she experience any loss of social connectedness after discharge?
13. Are you worried about the patient having less connectedness after discharge?
14. Under what circumstances would the patient feel more connected to others?
15. Does the patient receive help and support during hospitalization?
16. If the patient has been hospitalized before, did he or she experience any loss of support after discharge?
17. Are you worried about the patient having less support after discharge?
18. Under what circumstances would the patient feel more supported?

### **In-depth/Focus Group Interview Guide Questions for Intervention Development (Clinic and community mental health service providers)**

1. Is there a need for suicide risk management in mental health services?
2. Is it necessary to focus on reducing suicide risk among psychiatric patients after discharge? Please explain to us.
3. How would you implement post-discharge suicide risk management from your perspective?
4. Please briefly introduce your experience in patient suicide risk management.
5. Have there been any incidents of suicides or threats of suicide by patients? If yes, how did you handle it and what do you learn from it? If no, how would you handle it?
6. In general, what is the most pressing need to reduce suicide risk after discharge?
7. We are considering implementing follow-ups to reduce suicide risk after discharge, and what kind of follow-up services will you suggest?
8. Brief contact interventions (BCIs) are a series of low cost and non-intrusive interventions to maintain long-term contact with patients, and we plan to use BCIs to deliver the follow-ups to patients and their lay health supporters. What content would you like to deliver?
9. What's the appropriate frequency to contact patients?
10. Will the BCIs make patients more willing to pay regular visits to out-patient clinics? Please explain to us.
11. How to improve social connectedness and social support for patients through such intervention?
12. How to increase patients' follow-up visits to out-patient clinic, increase compliance and acceptance of follow-ups through such intervention?
13. What would patients' and lay health supporters' attitudes be towards the acceptance and adoption of the suicide risk intervention? Please explain to us.
14. How to be patient-centered in such intervention?
15. Is there any potential risk to patients when implementing the BCIs?

**In-depth/Focus Group Interview Guide Questions for Intervention Evaluation  
(Patients and lay health supporters)**

1. What's your attitude toward the acceptability of implementing brief contact interventions (BCIs) to reduce post-discharge suicide risk? Please explain to us.
2. Do you think BCIs are feasible in daily lives? Please explain to us.
3. After discharge, will you adopt BCIs to reduce suicide risk? Please explain to us.
4. Do you think BCIs pose potential risk or harm to the patients?
5. What do you think about the equity of BCIs? Please explain to us.
6. As we have introduced BCIs, including the content, the way to implement and the frequency to contact patients, do you think BCIs are patient-centered and fully taking account of your needs and feelings? Please explain to us.
7. Do you have any suggestions of implementing BCIs to reduce post-discharge suicide risk among psychiatric patients?

**In-depth/Focus Group Interview Guide Questions for Intervention Evaluation  
(Clinic and community mental health service providers)**

1. Do you accept to implement brief contact interventions (BCIs) as a routine service for discharged psychiatric patients?
2. Do you think BCIs are feasible in your daily work? Please explain to us.
3. Will you adopt BCIs to reduce suicide risk after discharge in follow-ups? Please explain your opinions to us.
4. Do you think BCIs pose potential risk or harm to the patients?
5. Would you please share your opinions about how BCIs reduce post-discharge suicide risk among psychiatric patients?
6. What do you think about the equity of BCIs? Please explain to us.
7. As we have introduced BCIs, including the content, the way to implement and the frequency to contact patients, do you think BCIs are patient-centered and fully taking account of your needs and feelings?
8. Will implementing BCIs meet your needs in your work related to suicide risk management?
9. Do you have any suggestions of implementing BCIs to reduce post-discharge suicide risk among psychiatric patients?